STATE OF MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

EMPLOYEE INFORMATION RESOURCE ACCESS AUTHORIZATION

Full Name:		
Position: Organization:		
Address:		Telephone Number:
Please detail and relate this employee's duties and their performance to the access requested below:		
Access: The following information resource access is authorized for this employee. Depending on the specific information/information resource to be accessed, further authorizations may be required. No Information Resource Access Information Technology Resources: Desktop Computer Laptop Computer/Portable Device E-Mail Internet State WAN/LAN File Servers Remote Access Tools (specify) MIS Access: ACES E-CHART EIS ImmPACT MACWIS MAPSIS MECAPS MECARE MECMS MEPOPS MFASIS MMDSS Other De-identified information only. (No identifiable confidential data made available.) Detailed, client-identifiable information. (This also includes access to de-identified data. Specify precisely the identifiable information needed such as personnel, client demographics, plan, etc.)		
DHHS Supervisor (Print name) DHHS Commissioner/Reg. Director/ Superintendent/Designee (Print name)	Date Date	DHHS Supervisor (Signature) DHHS Commissioner/Regional Director/ Superintendent/Designee (Signature)
Access Security Coordinator: Access granted as above Yes No		
Signature		Date